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CONFIRMATION NO. 2099

<b>SERIAL NUMBER</b> 10/620,444	<b>FILING OR 371(c) DATE</b> 07/17/2003 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3691	<b>ATTORNEY DOCKET NO.</b> 80044 - 347016	
<b>APPLICANTS</b> Nitzan Melamed, New York, NY; <i>jm</i>					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/397,145 07/19/2002 <i>jm</i>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/20/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance Verified and Acknowledged <i>jm</i> <i>hc</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 40	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 35657					
<b>TITLE</b> Constant volatility or risk indices					
<b>FILING FEE RECEIVED</b> 1278	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		